



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Home and Community Based Service
Provider Spring Conference
June 2017

Welcome

Division of Medicaid, Bureau of Long Term Care staff members:

- Chris Barrott, Alternative Care Coordinator/QA Manager
- Tatiane Schmid, Eastern Regions Quality Improvement Specialist
- Zach Armstrong, Central Regions Quality Improvement Specialist
- Sue Purington, Northern Regions Quality Improvement Specialist

Today's Training Topics

- Provider Training Matrix
- Significant Change Process
- Service Plans
- Provider Review
- Guest Speaker – Trinity Home Care
- Participant Survey Data
- Provider Web portal
- Upcoming Enhancements
- Frequently Asked Questions
- Questions & Answers

Quality Assurance

When accepting a participant into its Home and Community Based Services (HCBS) program, the state agrees to assure the individuals health and welfare by providing an assessment of needs and a qualified network of providers.

The Quality Assurance unit in the Bureau of Long Term Care (BLTC) is charged with administrative oversight to ensure that HCBS providers delivering Aged & Disabled (A&D) Waiver and State Plan Personal Care Services (PCS) to participants adhere to the following:

Provider Responsibilities

- Provide HCBS services according to Idaho Administrative Procedures Act (IDAPA) statute, and Medicaid Provider contracts
- Have policies and practices in place to ensure the health and safety and participation of consumers participating in HCBS programs

Monitoring these assurances allow the BLTC to provide the Center for Medicare and Medicaid Services (CMS) with assurance that the Idaho Department of Health & Welfare (IDHW) is administering the HCBS programs according to state and federal requirements.

Quality Assurance Administrative Oversight



Our Common Thread



Provider Training Matrix

The Provider Training Matrix has been revised

- General Requirements
- Attendant Care
- Homemaker
- Chore
- Endorsements
- Removed the 10% narrative
- Delegation is up to the agency RN and all delegation questions should be directed to the Idaho Board of Nursing

Service Plans must be signed by the agency Registered Nurse

Provider Training Matrix Checklist

A new standardized checklist has been created to assist providers in tracking completed training as outlined in the IDHW Provider Training Matrix

- The checklist is to be used beginning July 2, 2017
- Clearly identifies the type of training required
- Indicates who validates the competency
- Signatures by the employee, Agency and Agency RN
- New form will be available on the Provider Portal

Provider Training Matrix Checklist

Agency Name: _____

Caregiver Full Name (Printed): _____

Focus Area	Competency Determined By:	Written Test	Demonstrated Ability	Documentation
GENERAL				
Communication	Agency Personnel			
Infection Control	RN			
Confidentiality	Agency Personnel, IDHW Module			
Documentation	Agency Personnel, IDHW Module			
Participant Rights & Preferences	Agency Personnel, IDHW Module			
PERSONAL CARE AND ATTENDANT CARE				
Documentation	RN			
Eating Meals	RN			
Toileting	RN			
Mobility	RN, PT			
Transferring				
Personal Hygiene	RN			
Dressing	RN, IDHW Module			
Bathing	RN, IDHW Module			
Medications	RN			
HOMEMAKER				
Meal Preparation	Agency Personnel, Dietician, IDHW Module			
Shopping	Agency Personnel, IDHW Module			
Laundry	Agency Personnel			
Housework	Agency Personnel			

Significant Change Form

The Significant Change form is New & Improved and includes:

- Overview narrative for the Significant Change request
- Available Supports – indicate if Family, a Neighbor, Friend or anyone else is available to support the Daily Living Activity
- Larger area for the Detailed narrative for each Daily Living Activity
- Form is available in Word or as a fillable PDF

Significant Change Forms should be submitted if a participant has a decline in health and requires more service in two or more areas, or if a participant has an improvement in health and requires less service.

It is the responsibility of the provider to notify IDHW when there is a change in services required based on the UAI



Purpose

These instructions are intended to assist our agencies providing A&D Waiver services and PCS to adults to identify significant changes in participant functioning that result in an increase or decrease in the UAI Unmet needs. IDAPA 16.03.23.010.06. Significant Change in Client's Condition. A major change in the client's status that affects more than one area of the client's functional or health status, and requires review or revision of the care plan or negotiated service agreement. Review Section Two of the UAI, refer to the guideline definitions, and determine if there has been a change in any of the functioning areas. The Medicaid nurse reviewer will use this information to approve or deny significant change requests.

Participant Name				Medicaid #	
Provider Name				Provider #	
Date of Request		Date of Change		Anticipated Length of Change	
Justification	<input type="checkbox"/> Decrease in unmet need <input type="checkbox"/> Increase in unmet need				
Overview Narrative for Change					

All areas of this form are required or this document may be returned as denied. Please specify details related to the cause of the change in function for each appropriate area. If there is no change in an area, please mark N/A in boxes. Attach additional documentation that supports your observations if applicable and available. This may include attendant progress notes, supervising visit notes, the physician's history and physical, or office visit notes.

PREPARING MEALS	Available Support	<input type="checkbox"/> Unpaid Caregiver (Circle all that apply: Family, Neighbor, Friend, Other _____) <input type="checkbox"/> None
Detailed narrative for change in abilities		
EATING MEALS	Available Support	<input type="checkbox"/> Unpaid Caregiver (Circle all that apply: Family, Neighbor, Friend, Other _____) <input type="checkbox"/> None
Detailed narrative for change in abilities		
TOILETING	Available Support	<input type="checkbox"/> Unpaid Caregiver (Circle all that apply: Family, Neighbor, Friend, Other _____) <input type="checkbox"/> None
Detailed narrative for change in abilities		



The Significant Change form will be available on the Provider Web Page and can be completed online as a fillable pdf!

Providers can then print, obtain signatures and email to the regional BLTC office

Person Centered Service Plan



Assessment



Service
Plan



Progress
Notes





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SERVICE AGREEMENT

Client Information:

Client Name		Home Phone	
Address		Medicaid #	XXXXXX
City		Date Of Birth	
State		Marital Status	
Zip		Assessment Date	
Language		Admission Date	XX/XX/XXXX
Gender		Next Review Date	
Housing Arrangement		Facility Name	
Region		Facility Phone	
Assessment Type			

Primary Physician:

Physician Name		Phone	
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Goals	Outcomes

Participant Strengths:	Participant Preferences:

Person Centered Service Plan

Two essential areas that should drive the development of the Service Plan are:

Goals & Outcomes – these are developed by the Provider and the participant

Participant Strengths & Preferences – these are developed by the IDHW Nurse Reviewer and the participant

The Service Plan should be written in a clear, concise manner to ensure that all caregivers can provide services safely and effectively

Person Centered Service Plan

Risks & Interventions

Clearly identify health & safety risks and the intervention needed

Backup Plan

The backup plan must be part of the Service Plan. If it is a separate document it must be signed, dated and updated each year, however all components outlined must be included in the plan

Health & Safety Risks

Identify health & safety risks such as falling, memory/cognitive impairment, behavioral issues that present a risk to the participant or others, etc.	Identify intervention needed to address each health or safety risk during service delivery

Backup Plan

I will accept a substitute caregiver if my caregiver is not available	
I will use informal supports if my caregiver is not available	
Name:	Phone:
Name:	Phone:
Name:	Phone:
Communication Plan (include detailed instructions for contacting caregiver(s) and/or informal supports and include the participant's urgent needs and any actions that are required to ensure service delivery):	

Service Plan

Delivered Services are based on the Unmet Needs

Assistance Required is determined at the time of the assessment based on the participant's ability to perform each Daily Living Activity outlined on the assessment on the day of the review and over the previous 14 days

Available Support is any supports paid or unpaid that the support has agreed to provide. The support can be family, friends, neighbors, volunteers, etc., and should be identified within the Service Plan

Unmet Needs is calculated by the assessment tool based on the Assistance Required and Available Supports

Housework

Assistance Required:	Identify the participant's ability to clean surfaces and furnishings in his/her living quarters, including dishes, floors and bathroom fixtures and disposing of household garbage.	Available Support:	Unmet Needs:
Provider Care Plan Frequency: ___Daily ___Weekly ___Monthly ___As Needed Responsible Party: _____			
Written Care Plan (Comments): 			



Provider Review

The purpose of the biennial review is to ensure that services are being delivered in accordance to IDAPA and the Medicaid Provider Agreement(s)

It's like a 'Wellness Check'



Desk Review

- Allows the Quality Improvement Specialist the opportunity to conduct a more in depth review
- Allows for a larger sample size to be reviewed (30% or 15 minimum for participants and 10% employee)
- Allows for the provider to conduct a self-assessment prior to uploading all documents to the secure website

Provider Review Findings

The Review Findings provides important feedback on opportunities for improvement

A score will be provided for each area of the review

- Meets Requirements
- Improvement Recommended
- Requirements Not Met

Scoring is based on 85% compliance of the records reviewed

- An Excel spreadsheet with detailed auditing information will be provided with the Review Findings to assist providers in remediation of any deficiencies

Providers have fifteen (15) business days in which to remediate any areas that Requirements are Not Met

Trinity Home Care
Jackie Smith, Owner

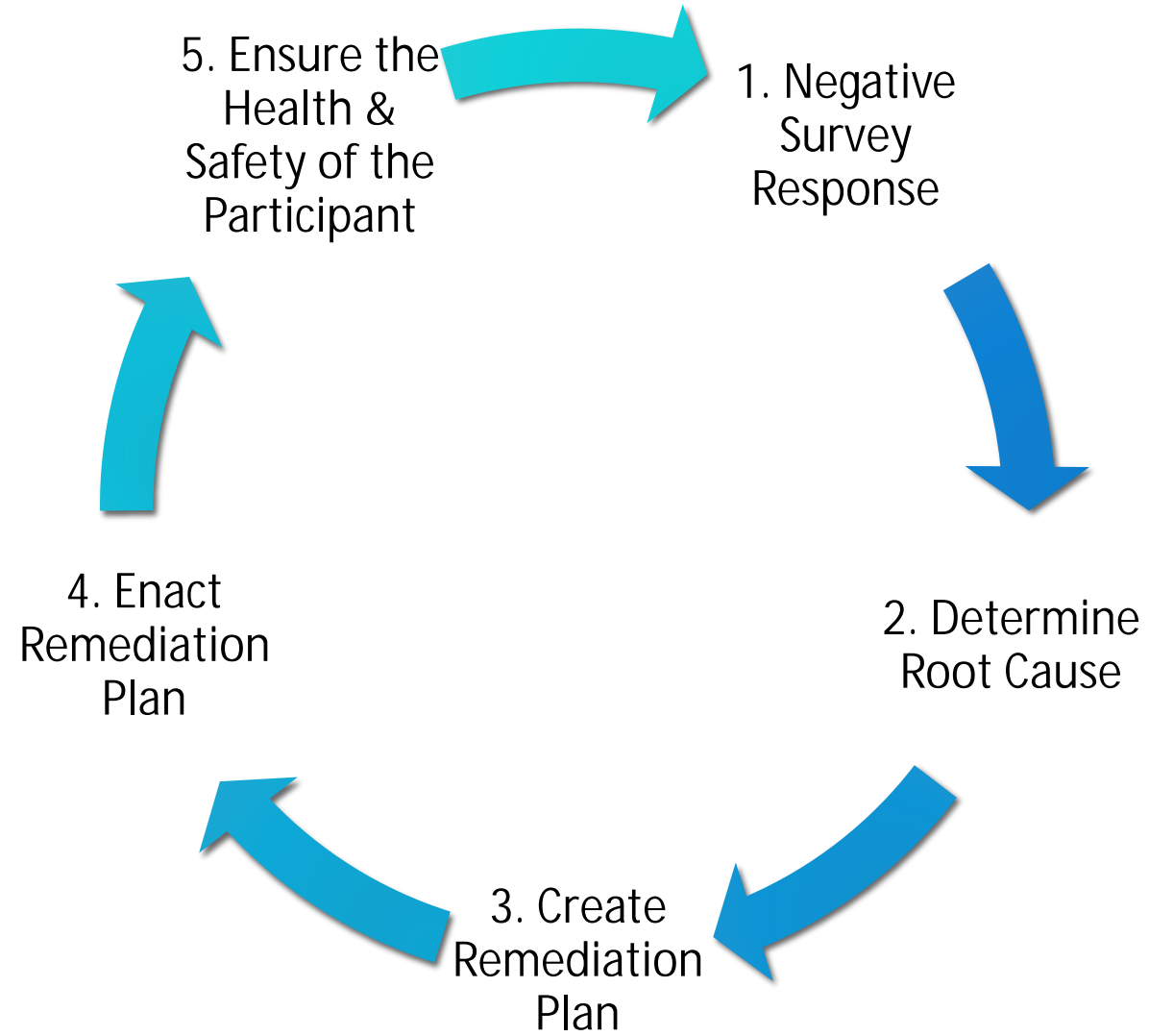
Participant Survey Data

- An Excel spreadsheet with all survey data is emailed to In-Home providers on a quarterly basis. Survey data is available for Residential Assisted Living and Certified Family Home providers at their request.
- Providers should review the data and remediate any deficiencies

Examples of Survey Questions

- Are you happy with the care your service provider gives you?
- Have you ever gone without service because your service provider did not show up?
- Is there a current Service Plan in the participant's residence?

The quarterly report helps providers to identify trends in deficiencies, determine the root cause and develop a plan for remediation and then enact the remediation immediately to ensure compliance to IDAPA and the Medicaid Provider Agreement guidelines.



new website coming soon

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- Easier Navigation
 - Site specific to HCBS Providers
 - Interactive Forms pages
 - Interactive Training pages
 - State and External Resources
 - News & Improvements
 - FAQ's and more

Online Caregiver Training Modules

- Goal is to have consistent training across the state
 - Provider will be able to Print a Certificate of completion
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Modules will be for Attendant /Personal Care and Homemaker service training. All additional specific Endorsement training will be the responsibility of the agency

It's coming.

FAQ's

- Who should I direct questions relating to participant care to?
The Regional Medicaid Nurse Reviewer is the point of contact for all questions related to participant care.
- Who should I talk to about someone on the Medicare Medicaid Coordinated Plan (MMCP)?
If the participant is a member of the MMCP, all questions should be directed to Blue Cross of Idaho.
- Who should I ask about an authorization that has been issued?
All questions related to authorizations that have been issued should be directed to Molina.

FAQ's

- Why does the QA staff validate the date that the Criminal History Notice of Clearance letter was printed?

According to IDAPA 16.05.06.190.01, the provider has 14 days in which to print the letter and post it in the employee file.

- Does the Criminal History notarized application for fingerprinting have be completed before providing services?

Yes, IDAPA 16.05.150.01.a, requires that all employees must have a Criminal History notarized application prior to providing any services. This ensures the safety of the participants. And IDAPA 16.05.06.150 requires that employees only provide services for a maximum of 21 days after the application notary date.

FAQ's

- Why does staff have to be trained prior to providing direct care?
IDAPA 16.03.10.306.02.a, requires that all agencies are responsible to ensure that all staff members are qualified to deliver care to Medicaid participants prior to any service delivery. The Provider Training Matrix clearly outlines the training required for all employees (refer to IDAPA 16.03.10.329.03).
- Does everyone that is providing direct care have to complete all training outlined on the Provider Training Matrix? (even CNA)
Yes! Everyone that delivers care to a Medicaid participant must be trained prior to delivering any services.

Q&A

Contact Information

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Additional Resources

BLTC Provider Webpage – all updated forms are available for download

<http://healthandwelfare.idaho.gov/Medical/Medicaid/HomeCare/tabid/215/Default.aspx>

IDAPA:

<https://adminrules.idaho.gov/rules/current/16/0310.pdf>

Medicaid Newsletters:

<https://www.idmedicaid.com/MedicAide%20Newsletters/Forms/All.aspx>

Idaho Board of Nursing:

<https://ibn.boardsofnursing.org/ibn>

Molina Portal “Reference” & “Training” Tabs:

<https://www.idmedicaid.com/Default.aspx>

Blue Cross of Idaho (MMCP) - 888-495-2583

www.truebluesnp.com